

**Washington State Department of Health
Public Health Laboratories
Training Program**

1610 NE 150th Street • Shoreline WA, 98155-9701
Phone: (206) 361-2810 • FAX: (206) 361-2904

TRAINING COURSE REGISTRATION FORM

Course Title:		Date of Course:	
Course Location:		Course #	
Print Name:			
Employer:			
Work Address:			
City:		State:	Zip:
Daytime Telephone: ()		Fax Number: ()	
Email Address:		Position	
Tuition Fee:		Deadline:	
Registration Instructions: Complete this form and send to the address below by the deadline. Do not send money with your registration form. You will receive payment information with your confirmation packet. <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">Mail to: Washington State DOH PHL Training Program 1610 N.E. 150th Street Shoreline, WA 98155-9701</div><div style="width: 35%; text-align: right;">Or FAX to: (206) 361-2904</div></div>			
For DOH PHL Training Program Use Only			
Date Received:		<div style="margin-top: 20px;"><input type="checkbox"/> Registration Confirmed</div> <div style="margin-top: 10px;"><input type="checkbox"/> Course Full Placed on Waiting List</div> <div style="margin-top: 10px;"><input type="checkbox"/> Course Full moved to other class</div> <div style="margin-top: 10px;"><input type="checkbox"/> Course Canceled</div>	